

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MD</i>	<i>7533</i>	
O.I.P.E. CLASSIFIER	<i>MTN</i>	<i>50</i>	<i>7/06/00</i>
FORMALITY REVIEW	<i>AS</i>	<i>551</i>	<i>8-14-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>7/11/03</i>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>10/09/03</i>
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>5/17/04</i>
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If more than 150 claims or 10 actions  
staple additional sheet here

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